

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Edam M		07-03-01
O.I.P.E. CLASSIFIER		2/3	7/16/01
FORMALITY REVIEW	CLAP	1110	8-20-01
RESPONSE FORMALITY REVIEW	Lee	90	10-11-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/11/02
2	✓	✓	2/21/03
3	✓	✓	11/10/03
4	✓	✓	11/10/03
5	✓	✓	11/10/03
6	✓	✓	11/10/03
7	✓	✓	11/10/03
8	✓	✓	11/10/03
9	✓	✓	11/10/03
10	✓	✓	11/10/03
11	✓	✓	11/10/03
12	✓	✓	11/10/03
13	✓	✓	11/10/03
14	✓	✓	11/10/03
15	✓	✓	11/10/03
16	✓	✓	11/10/03
17	✓	✓	11/10/03
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30	✓	✓	11/10/03
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46	✓	✓	11/10/03
47	✓	✓	11/10/03
48	✓	✓	11/10/03
49	✓	✓	11/10/03
50	✓	✓	11/10/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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025  
 157101  
 1-6/12  
 8-20-01